

The person for whom you provide personal care is your employer.

Using the Employment Reference Guide for Individual Providers

The Employment Reference Guide for Individual Providers (IPs) reviews many of the things you need to know about your employment. Please read through the entire *Reference Guide* carefully.

All IPs belong to a union called Service Employees International Union (SEIU). This is the result of Initiative I-775 passed in 2001 by Washington's voters and put into law in 2002.

Many of your terms and conditions of employment are covered under the SEIU Local 775 collective bargaining agreement (union contract). Information about your pay rate, and when you can expect a raise can be found in the union contract.

Call SEIU Local 775 toll-free at **1-866-371-3200** if you haven't received a copy of this union contract, or have questions regarding the collective bargaining agreement or the union.

In the future when you have a question, look back through this *Reference Guide* before calling others to find an answer. Look in the Table of Contents on the back of the front cover to quickly find the information you need.

Hiring Process

Hiring Process

- Interview
- Contract standards and requirements
- Contract signing
- Training

In this job, your potential employer receives services through the Department of Social and Health Services (DSHS). Before DSHS, on behalf of your employer, can pay for the services you provide, there are additional requirements and steps you will need to take. You must:

- Be 18 years of age or older.
- Provide picture identification and a Social Security card or an authorization to work in the United States. The information on these documents must match. If not, you will need to apply for a new Social Security Card or picture ID so that the documents are consistent.
- Pass a criminal background check and be fingerprinted.
- Sign a contract with DSHS and agree to the conditions listed in it.

CRIMINAL BACKGROUND CHECK AND FINGERPRINTING

You will be asked to complete a Criminal History Background Inquiry Application. If you have lived in Washington State less than three years, this will also include fingerprinting. If your background check shows a conviction for certain crimes, ***state law prohibits you from being contracted or paid through state or federal funds***.

Background checks will be completed at least every two years of your employment.

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CONTRACT SIGNING

You will be asked to review and sign a *DSHS Client Service Contract*. Review this contract carefully. The contract outlines what you agree to do by accepting payment from DSHS for providing services to a DSHS client. You must fill out and sign it before you can be paid. The date the contract is signed is the first date you can be paid regardless of when you started working.

You will be asked to fill out and sign two (2) original *DSHS Client Service Contract* forms. Both copies of the contract also need to be signed by a DSHS Social Worker or AAA Case Manager. One copy will be returned to you for your records.

If you change your name, you must fill out a new contract with your employer's Social Worker or Case Manager. You will need to provide your new Social Security card and picture ID to your employer's Case Manager or Social Worker. Copies of each of these documents will be made, two new contracts signed, and a copy given to you.



All IPs must complete training.

Training Requirements

The Washington State Legislature recognizes the importance of the services caregivers like you provide. The law requires ALL caregivers providing care to DSHS clients to take orientation, basic training and on-going continuing education.

All IPs must take the 2-hour ***Caregiver Orientation Workbook Self-Study and Video*** within **14 calendar days** after beginning to work with their first DSHS client.

All IPs must take either the ***Revised Fundamentals of Caregiving*** or ***Modified Fundamentals of Caregiving Self-Study*** training course **within 120 days of employment**. Whether you can take the *Modified Fundamentals of Caregiving Self-Study* depends on previous professional training.

IT IS YOUR RESPONSIBILITY TO SIGN UP FOR THE TRAINING AND COMPLETE THE COURSE WITHIN THE REQUIRED 120 DAYS AFTER YOU ARE HIRED. If you do not complete the class within the 120 days, your contract will be terminated. You will NOT BE PAID for any hours you work after the deadline.

The Case Manager or Social Worker assigned to your employer can help you know how and where to take this class. As much as possible, classes will be offered in your area.

For each calendar year after the year you complete your *Revised Fundamentals* or *Modified Fundamentals Self-Study* class, you must take at least ten (10) hours of **approved continuing education (CE) training**. CE training topics must be about caregiving.

You can take CE training anytime during the calendar year. If you do not complete your CE requirement during that calendar year, you will not be paid for any hours you work after January 1st of the next calendar year.

The Case Manager or Social Worker will assist you in understanding and meeting this continuing education requirement. They will also have specific information about continuing education classes in your area. Proof of completion of these continuing education hours is required.



Nurse Delegation Training Requirements

If any nursing tasks will be delegated to you through nurse delegation, you have the following additional training requirements.

You must be a Nursing Assistant - Certified or Registered.

If you are a ...	You must have successfully completed ...
Nursing Assistant – Registered	Basic Training (Revised Fundamentals of Caregiving or other DSHS-approved basic training) and Nurse Delegation for Nursing Assistants
Nursing Assistant – Certified	Nurse Delegation for Nursing Assistants

Your employer's Case Manager may deny you a contract under certain circumstances.

REASONS A CONTRACT MAY BE DENIED

Although your new employer hires and supervises you as their IP, laws and regulations allow your employer's Case Manager or Social Worker to deny you a contract under certain circumstances.

*For example, your employer's Case Manager or Social Worker **may** deny you a contract if:*

- You have another job or personal responsibilities that stop you or get in the way of you providing the services defined in the Service Plan;
- You live too far from your employer to be able to provide services as defined in the Service Plan;
- Your employer's health care provider(s) or other knowledgeable persons say you don't have the ability to provide adequate care;
- You have a reported history of domestic violence, no-contact orders or criminal conduct;
- You abuse alcohol or drugs.

*Your employer's Case Manager or Social Worker **must** deny you a contract when you:*

- Are the spouse of your employer (unless your spouse receives Chore services);
- Have been convicted of certain crimes;
- Have abused, neglected, abandoned, or exploited a child or adult;
- Have had a license, certification, or a contract for child care or the care of vulnerable adults denied, suspended, revoked, or terminated for not meeting state and/or federal rules;
- Are already meeting the needs of your potential employer on an informal basis;
- Potential employer is assessed by their Case Manager or Social Worker and does not have any unmet personal care needs;
- Are not hired by the DSHS client.



GETTING PAID

INDIVIDUAL PROVIDER TIMESHEETS (DSHS 15-051X)

The *Individual Provider Timesheet* is used to record the number of hours you work each day. Filling out your *Timesheet* should become part of your daily routine. Your employer's Case Manager or Social Worker will ask to see completed *Timesheets* from time to time.

You and your employer need to review your *Timesheet* for accuracy and sign it each month. These *Timesheets* provide both protection and accountability for you. *Timesheets*:

- Are a record of your work;
- Help reduce any disagreements between you and your employer about the hours, days, and work you have done; and
- Provide a way for your employer's Case Manager/Social Worker to monitor the hours and tasks you provide.

Your employer will give you a supply of *Timesheets*. *Timesheets* have been translated into several different languages. Check with your employer's Case Manager or Social Worker if you want *Timesheets* in another language.

Give one copy of your *Timesheet* to your employer and keep one copy for your own records.

Not completing your *Timesheets* correctly and/or consistently may result in delay or denial of payment or possible termination.

Filling out your *Timesheet* should be part of your daily work routine.



To be paid by DSHS,
you must complete
your timesheet.



FILLING OUT YOUR TIMESHEET

- Print your employer's name in the top row of the form in the "CLIENT/EMPLOYER NAME" box;
- Print your own name in the "INDIVIDUAL PROVIDER'S NAME" box;
- Fill in the calendar month in the "MONTH" box and the year in the "YEAR" box;
- Enter the time you started work in the "TIME SERVICE BEGAN" box in row "A" below the number representing the day of the month. Be sure to include AM or PM;
- Enter the time you stopped work in the "TIME SERVICE ENDED" box in row "B";
- Enter the total hours for that day in row "C";
- Enter the number of miles you transported your employer that day (if you did);
- Do this for each day you worked during the month;
- At the end of the month, add up the total number of hours worked from row "C" and put the total in the "Totals" column.
- Make a check in all the personal care tasks listed on the form that you performed as defined in the Service Plan during that month.
- After you have completed the form, have your employer review it for accuracy. If your employer agrees with the hours worked, he/she should sign their name under "CLIENT'S SIGNATURE".
- Sign your own name under "INDIVIDUAL PROVIDER'S SIGNATURE".
- Use your Timesheet to fill out your SSPS Service Invoice accurately.
- Keep one copy for your records (for two (2) years) and give one copy to your employer for his or her files.



AGING AND ADULT SERVICES ADMINISTRATION
INDIVIDUAL PROVIDER TIME SHEET

CLIENT/EMPLOYER NAME		INDIVIDUAL PROVIDER'S NAME										MONTH										YEAR
Smith, Cheryl		Paris, Rita										October										2003
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16						
A TIME SERVICE BEGAN	8 A	10 A	10 A		9 A	9:30 A	9:30 A			9 A	9 A	9 A	8 A									
B TIME SERVICE ENDED	3 P	1 P	1 P		3 P	1:30 P	1:30 P			3 P	3 P	3 P	4 P									
C TOTAL HOURS EACH DAY	7	3	3		6	4	4			6	6	6	8									
D MILEAGE																						
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS						
A TIME SERVICE BEGAN		10 A	10 A	9 A			9:30 A	9:30 A	9 A	9:30 A		8:30 A										
B TIME SERVICE ENDED		1 P	1 P	3 P			2:30 P	2:30 P	3 P	1:30 P		1:30 P										
C TOTAL HOURS EACH DAY		3	3	6			5	5	6	4		5				90						
D MILEAGE																						

CHECK TASKS PERFORMED DURING MONTH		Ambulation		Bathing		Housework		Essential Shopping	
<input checked="" type="checkbox"/> Meal Preparation	<input checked="" type="checkbox"/> Dressing	<input checked="" type="checkbox"/> Transfer	<input checked="" type="checkbox"/> Toileting	<input checked="" type="checkbox"/> Laundry	<input checked="" type="checkbox"/> Housework	<input type="checkbox"/> Wood Supply	<input type="checkbox"/> Transport to Medical	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eating	<input checked="" type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Self Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Positioning	<input type="checkbox"/> Body Care								

INSTRUCTIONS

A. Enter time service began – indicate AM or PM as appropriate.

B. Enter time service ended – indicate AM or PM as appropriate.

C. Enter total hours worked each day.

D. Mileage: All miles traveled transporting or shopping for a client when authorized per SSPS.

DO NOT send these time sheets to Case Managers. Keep completed time sheets in our records for two (2) years. Copies will be requested by Case Managers at the time of reassessment.

CLIENT'S SIGNATURE	INDIVIDUAL PROVIDER'S SIGNATURE
Cheryl Smith	Rita Paris